

## WASH in Healthcare Facilities in Ghana need urgent attention

By 2030, every healthcare facility in every setting has access to safely managed, reliable water, sanitation and hygiene facilities to meet staff and patient needs in order to provide quality, safe, and people-centered care. This is the Global Action Plan for WASH in healthcare facilities. A WHO/UNICEF report in 2015 revealed that almost 40% of healthcare facilities lacked a water supply, one in five did not have improved sanitation and more than a third did not have hand hygiene facilities. Healthcare Associated Infections (HAI) cause about 75% of deaths among neonates born in health facilities in sub-Saharan Africa, according to WaterAid. In Ghana, the Director General of the Ghana Health Service says that about 21,000 neonatal deaths are recorded annually, and among the major causes are infections. In a study conducted by WaterAid in the Bongo and Kassena Nankana West Districts in Ghana, several healthcare facilities in the area lack adequate WASH facilities, thereby affecting healthcare delivery in the area.

*In partnership with Global Affairs Canada, the academia and selected local Non-Governmental Organizations (NGOs), WaterAid has conducted a situational analysis of Water, Sanitation and Hygiene (WASH) in Healthcare Facilities in the Bongo and the Kassena-Nankana West Districts in the Upper East Region. Among the principal objectives of the analysis was to use the findings to highlight the need to transform healthcare systems in Ghana through improved WASH in healthcare facilities. WaterAid and partners therefore used NLLAP 73 on 5th July, 2018 in Accra to share with stakeholders and the public, findings from the study and recommendations for redress. Presentations and discussions were led by representatives from WaterAid and the Navrongo Health Research Centre.*

### The global picture

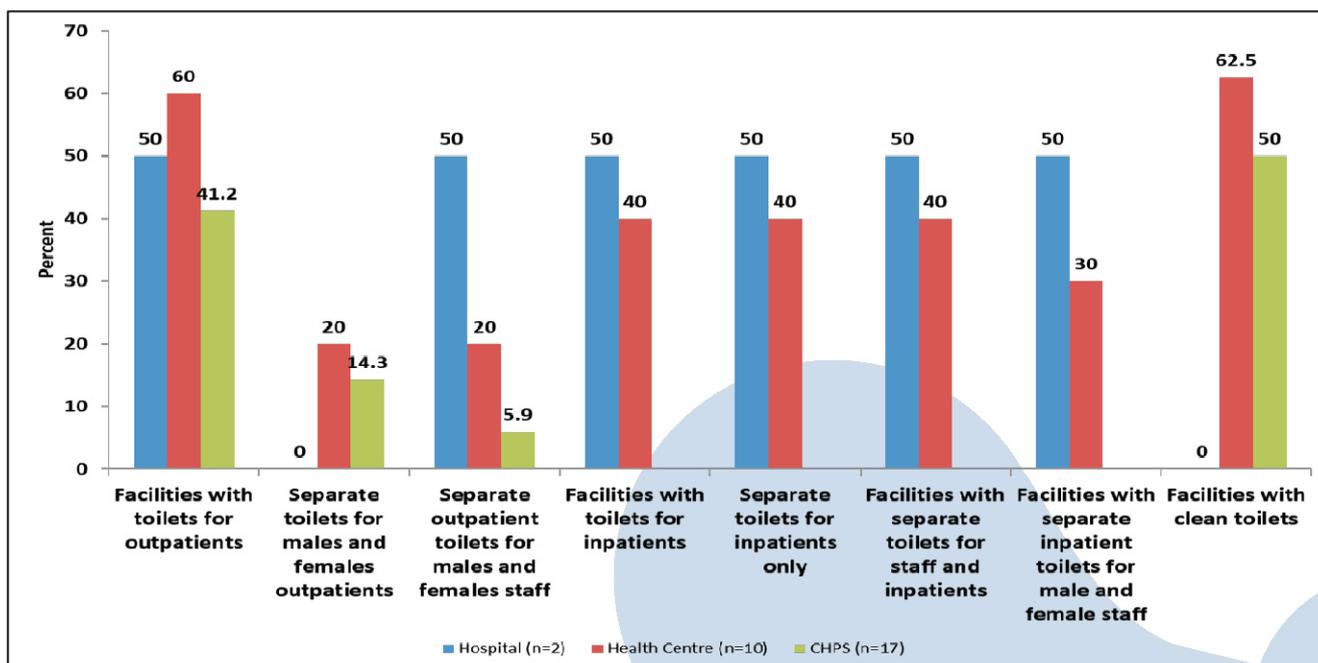
During his presentation, Dr. Raymond Aborigo of the Navrongo Health Research Centre said a significant number of deaths are linked annually to Healthcare-Associated Infections (HAIs) and that for every 100 hospitalized patients at any given time, ten in Lower Middle-Income Countries acquire an infection. He said HAIs cause about 75% of deaths among neonates born in health facilities in sub-Saharan Africa. He said in a survey of 54 countries, 38% do not provide users access to improved water sources, 19% do not have improved sanitation and 35% do not have soap for hand washing. Poor WASH services in health care facilities, according to him, can discourage women from giving birth in these facilities or cause delays in care-seeking.

### The Ghanaian context

In a statement attributed to the Director General of the Ghana Health Service in 2017 by WaterAid, 'in Ghana a new-born dies every 15 minutes, that is 90 deaths are recorded every day, and 21,000 new-borns die annually. The three major causes of these deaths are premature births, infection and asphyxia. Neonatal deaths account for about 71% of all infant deaths.' Information on water, sanitation and hygiene in healthcare facilities in Ghana is very scanty as there are no nationwide reports on the issue.

### Situational analysis on WASH in healthcare facilities in Bongo and Kassena Nankana West

In a study conducted on 29 healthcare facilities in the Bongo and



Kassena Nankana West Districts of the Upper East Region comprising two hospitals, ten health centres and 17 CHPS Compounds, it was discovered that only 76% of the facilities had 24-hour continuous access to water supply. Only 21% of the facilities had conducted a water quality test over the past one year. Only about a fourth of the facilities had in-door plumbing. According to a health provider at the Bongo Hospital, *'if the water is not flowing, we normally plead with client's relatives and explain to them that we don't have water to wash our instruments. So, they will go and fetch the water and bring.'* To cope with adverse situations, bathrooms and toilets are sometimes locked up because of the unavailability of running water. Patients and hospital staff also compete with community members to get water for the facility, while staff neglect clients sometimes to make trips to the borehole to get water for the facilities.

The situation was rather worse with access to improved sanitation facilities in most of the facilities studied.

The study found that several CHPS Compounds simply lacked a toilet facility while only 50% of those that had facilities were clean. None of the two hospitals had what could be described as clean toilets. It was also found that most of the facilities had separate toilets for staff and in-patients. The study reports that some facilities keep chamber pots that they give to clients to defecate in and pour water inside for disposal. In some cases, providers and clients share toilet facilities with community members.

*"No water... for you to go and free yourself and then flush, so because of that they don't even allow us to enter and free ourselves. It is too bad; they don't move to a far distance from the hospital before defecating so if you just go out here you will smell some bad odour."* Says a care giver at the Bongo Hospital.

In terms of handwashing, the study discovered that only 14% of the facilities had handwashing facilities near their toilets. Some of the facilities lacked adequate logistics for cleaning – detergents, gloves, washing basins, waste bins, aprons etc.

More than two-thirds of hospital waste are also burnt in shallow pits with only 28% incinerated. Categories of waste include polythene bags, used cloths, soiled pads, diapers, and plastics from sachet water, faecal matter, urine sharps objects, used gloves, infectious items such as blood-stained materials, liquid waste and placenta.

### **On-going interventions**

According to the Regional Health Authorities present at the forum, some interventions are already on-going to minimize the challenge. These include support from partners including WaterAid for the acquisition of some of the physical infrastructure such as incinerators, mechanized water supply systems and toilets to some of the healthcare facilities. Other interventions include training of staff and clients on hygiene, infection prevention and control. The WASH component of the District Health Management Information System was also being revised to include more WASH indicators.

### **Suggestions for a way forward**

There were a couple of suggestions by participants for regional and district health authorities to focus more attention on changing or improving people's perceptions about sanitation and hygiene. In addition, there was a call for working extensively on leadership of institutions to constantly be on the search for simple solutions to issues as they occur. This is because leadership is meant to always find solutions rather than always complain about challenges and problems.

In a WaterAid presentation, there was a call on the government and donor agencies, researchers and NGOs to redouble efforts to ensure every healthcare facility has the water, sanitation and hygiene necessary to make Universal Healthcare a reality. The following specific suggestions were made:

- Political leaders and policy-makers must prioritise WASH in healthcare facilities
- Both public and private providers need to be included in accreditation and regulation systems
- Increased and improved use of domestic finances
- Greater donor financing
- Increased monitoring of facilities
- Focus on taking evidence-based interventions to scale
- No new healthcare facility should be built without adequate WASH

According to the presentation, the above recommendations can be implemented through building strong relationships and coordinating processes across sectors, embedding WASH within existing health priorities, strengthening the monitoring of WASH within existing health monitoring mechanisms, and operational research designed to inform effective practice. It was also suggested that community engagement and empowerment should be prioritized in order to create citizen-led accountability.

**NLLAP is a WASH sector multi stakeholder platform with the overall goal of improving sector learning and dialogue. It is hosted by the Ghana WASH Resource Centre Network (RCN). The platform offers learning and sharing opportunity for sector players as one of the practical approaches to improving sector engagements/sharing with the long term aim of achieving a knowledge driven WASH sector that delivers quality and sustainable services in Ghana. NLLAP meetings take place on the last Thursday of every month and are open to all interested parties. The discussions of each NLLAP meetings can be found on the RCN website [www.washghana.net](http://www.washghana.net).**

If you are interested to propose a topic for a meeting please contact us on,  
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